Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a displays a yalid OMB control number. Approved for use through 7/31/2006 CMB 0651-0032 PTO/58/06 (1204) U.S. Peterit and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Docket Number Effective December 8, 2004 694,06 O. APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$) (37 CFR 1 18(4) (6) 0 (6)) FEE (1) NA RATE (\$) N/A SEARCHFEE AU4 FEE (S) 150.00 (37 CFR 1 16(N. H. or (m)) N/A NA 300.00 N/A EXAMINATION FEE NA \$250 (37 CFR 1 16(a). (p). or (a)) N/A NA \$500 N/A TOTAL CLAIMS N/A \$100 (37.CFR 1 16(1)) NA \$200 minus 20 . INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(N)) X\$50 OR minue 3 : X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE . (37 CFR | 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16(1)) +180= * If the difference in column 1 is less than zero, enter "0" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN CLAIMS SMALL ENTITY OR HIGHEST 1/23/06 REMAINING SMALL ENTITY NUMBER PRESENT AFTER AMENDMENT RATE (\$) PREVIOUSLY EXTRA ADDI-RATE (\$) Total pr cen crocin PAID FOR TIONAL ADDI: Minus FEE (\$) TIONAL FEE (1) Independent OF CFR 1.16(h) X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= OR TOTAL TOTAL ADD'L FEE OR (Calumn 1) ADO'L FEE (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING PRESENT NUMBER ENDMENT AFTER. RATE (\$) PREVIOUSLY ADDI-TIONAL AMENDMENT EXTRA RATE (\$) Total corofe,1.18(1) PAID FOR ADDI-TIONAL FEE (\$) Minus FEE (\$) Independent X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(6)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360=

* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BECO to process) an application. Confidentiality is hoverned by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. B conscion of succession is required by 31 CFR 1.10. The succession is required to consist or remain a section is estimated to take 12 minutes to complete. biding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of lime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

TOTAL

OR